

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028951

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7619

FILED AUG 13 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY

admission)

c. CITY  
OR  
TOWN **St. Louis**Inside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Incarnate Word Hospital**Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS  
(If outside, give location)  
**4723 Newport Ave.**Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**BLANCHE****MEYER**4. DATE  
OF  
DEATH

Month

Day

Year

**Aug.****2****1962**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

**4-4-1892**

## 9. AGE (last birthday)

**70**

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Seamstress-Self Employed**

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

**St. Charles Co., Mo.**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Gus Weber**

## 13b. MOTHER'S MAIDEN NAME

**Felicity Schoppie**

## 14. NAME OF HUSBAND OR WIFE

**Late Albert Meyer**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No****None**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

**Harold J. Meyer 7412 Nottingham**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Generalized Carcinomatosis**INTERVAL BETWEEN  
ONSET AND DEATH**1960**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

**Carcinoma of the Left Ovary****1959**

## DUE TO (c)

**175.0**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **9/10/60** to **8/2/62** and last saw her  
him alive on **7/9/62**  
Death occurred at **3:10 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

**7430 Virginia Avenue**

## 22c. DATE/SIGNED

**8/3/62**  
(Date)23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

**Aug. 4, 1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Resurrection Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

## 24. FUNERAL DIRECTOR

## ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

## 25. DATE RECD. BY LOCAL REG.

**AUG 3 1962**

## 26. REGISTRAR'S SIGNATURE

**Roal Smith, M.D.**USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

1

2

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63

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4281

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.